Outline: Evidence-Based Spiritual Care

- Definitions
- The case for and against
- Some US chaplaincy-related research
- Next steps
How Do We Know Good Spiritual Care?

Tradition – *We have always done it this way.*

Policy – *This is the way we are supposed to do it.*

Education – *I was taught to do it this way.*

Personal Experience/Trial and Error
- *I found doing it this way usually works.*
- *I tried several ways and this one works best.*

Intuition – *Doing it this way feels right to me.*

Research – *There is evidence this is the best way to do it.*

From Hundley, 1999

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Evidence-Based Spiritual Care

“Evidence-based spiritual care is the use of scientific evidence on spirituality to inform the decisions and interventions in the spiritual care of persons”

Tom O’Connor (2002). *Journal of Religion and Health*
Evidence-based practice in psychology is the integration of 
• the best available research with 
• clinical expertise 
• in the context of patient characteristics, culture, and preferences.

**What is Evidence-Based Practice?**

Evidence-based practice in psychology is the integration of 
• the best available research with 
• clinical expertise 
• in the context of patient characteristics, culture, and preferences.

**Evidence-Based Spiritual Care**

**AGAINST** Evidence-Based Spiritual Care

**It can’t be done**

- **Stiger**: God, the Spirit, presence, prayer, etc. are much too big and always will be mysteriously beyond our attempts to measure and quantify.
- **Mowat**: At times the good outcome of chaplain care causes distress and anxiety
- **Walter**: Routinization of spiritual care destroys its ethos - vulnerability

**It shouldn’t be done**

- **Sulmasy**: Once pastoral care services succumb to the need to prove they can decrease the length of stay or improve patient satisfaction all will be lost.
- **Illich**: Professionalized spiritual care robs people of the capacity to care for themselves and one another
 Evidence from research needs to inform our pastoral care. To remove the evidence from pastoral care can create a ministry that is ineffective or possibly even harmful

(O’Connor TSJ and Meakes E. 1998. The first article to use the term “evidence-based” pastoral care.)

“Is evidence-based spiritual care an oxymoron? I see it as a paradox, as ambiguity and as mystery”

(p. 261, O’Connor, T., 2002)

Good stewardship of creation requires our best, evidence-based, care

(Grossoehme in Fitchett & Grossoehme, 2011)
Standard 12: Research

The chaplain practices evidence-based care including ongoing evaluation of new practices and when appropriate, contributes to or conducts research.

(http://www.professionalchaplains.org)

Chaplaincy: A Research-Informed Profession

- **Research Literacy**
  - All health care chaplains should be research literate

- **Research Collaboration**
  - Some health care chaplains will be qualified to collaborate in research conducted by health care colleagues (co-investigators)

- **Research Leadership**
  - Some health care chaplains will be qualified to lead research projects (principal investigators)
A research-literate chaplain has the ability to read, understand, and summarize a research study and to explain its relevance for his/her spiritual care.

**Hopelessness**

**Religious Belief**

***p < .001, **p < .01.
N = 271

_Anton T. Boisen_

_Explorations of the Inner World: A Study of Mental Disorder and Religious Experience_ (Willett, Clark & Company, 1936)
Chaplaincy-related Research in the US

- What chaplains do
- Describing & assessing spiritual needs & resources
- The impact of the chaplains’ care by itself
- The impact of the chaplains’ care in a multidisciplinary intervention

Describing Spiritual Needs
(369 oncology outpatients in NYC)

<table>
<thead>
<tr>
<th>Spiritual need</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding meaning in life</td>
<td>27%</td>
</tr>
<tr>
<td>Finding hope</td>
<td>28%</td>
</tr>
<tr>
<td>Overcoming fears</td>
<td>37%</td>
</tr>
<tr>
<td>Talk about meaning of life</td>
<td>20%</td>
</tr>
<tr>
<td>Talk about death and dying</td>
<td>20%</td>
</tr>
<tr>
<td>Finding peace of mind</td>
<td>30%</td>
</tr>
<tr>
<td>Spiritual needs not being met</td>
<td>18%</td>
</tr>
</tbody>
</table>

Astrow et al, 2007
Religious Struggle Screening Protocol in BRIGHTEN Participants (n=204)

- Is R/S important to you as you cope with your illness?
  - YES (82%)
  - NO (18%)

- How much strength or comfort do you get from your R/S right now?
  - All that I need (40%)
  - Less than I need or none at all (42%)
  - Has there ever been a time when R/S was important to you?
    - YES (9%)
    - NO (9%)

Screening Protocol from Fitchett and Risk, 2009

Effect of Chaplain Visit on COPD Patient Anxiety

- Intervention Gp (N=25)
- Control Gp (N=24)

Source: Iler et al. (2001).
Effect of Chaplain Visit on COPD Patient LOS

Source: Iler et al., 2001

Effect of Chaplain Visit on CABG Pt Anxiety & Depression

Next Steps: Begin with Case Studies

Case Study of a Chaplain’s Spiritual Care for a Patient with Advanced Metastatic Breast Cancer

Rhonda S. Cooper
The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, Maryland, USA

The case study seeks to describe an oncology chaplain’s personal relationship with a 64-year-old woman with advanced metastatic breast cancer. The patient’s story was complicated by a history of anxiety and other chronic medical conditions. Approximately 15 pastoral encounters occurred during the last year of the patient’s life. The patient, chaplain, and the pastoral conversations are presented as well as retrospective assessment of them. The chaplain’s interventions were appropriate for the patient’s spiritual needs, particularly in regard to the fear of death, loneliness, grief that life was “too short,” and estrangement from her inherited faith traditions, with observable benefits for the patient. The oncology chaplain has a distinct role in the healthcare team, one who can move the patient to the point of their spiritual need, provide appropriate interventions, and, thereby, ameliorate distress, particularly in regard to death anxiety, pain, spiritual, and losses of meaning.

Next Steps: Multi-disciplinary Studies
### Next Steps: Outcomes Oriented Care

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Chaplains</th>
</tr>
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<tbody>
<tr>
<td>30 pediatricians (14 general peds, 16 peds oncology)</td>
<td>22 chaplains (13 directors, 9 staff chaplains)</td>
</tr>
</tbody>
</table>

#### Emphasis on tasks vs. Emphasis on perspectives

<table>
<thead>
<tr>
<th>Chaplains help by:</th>
<th>Chaplains focus on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>performing rituals</td>
<td>wholeness</td>
</tr>
<tr>
<td>liaison to family's faith group</td>
<td>presence/companionship</td>
</tr>
<tr>
<td>providing support and counseling especially in times of crisis like death</td>
<td>healing - helping people find meaning and peace via supportive relationships</td>
</tr>
</tbody>
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Chaplains are members of the healthcare team  
Chaplains wish they were included more often

Overall positive view of chaplains

*Cadge et al., 2011*

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**Next Steps: Outcomes Oriented Care**

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Chaplains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians emphasize chaplain contribution to key outcomes</td>
<td>Chaplains emphasize process (presence)</td>
</tr>
</tbody>
</table>

Address spiritual suffering  
Chaplains provide a listening, supportive presence

Improve family-team communication  
Chaplains comment on outcomes

Physicians are aware of process

*Lyndes et al., J Health Care Chaplaincy, 2012; Fitchett et al., J Palliat Med., 2011;*
Next Steps: Outcome Oriented Care

Discipline for Pastoral Care Giving – Arthur Lucas, 2001

Next Steps: Best Practices in Chaplaincy

Next Steps: Evidence-based Care

1. INTENTIONAL MINISTRY OF PRESENCE:

Objective:
Facilitate spiritual healing through an intentional ministry of presence.

Evidence:

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Sources</th>
<th>QE</th>
<th>OQ</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide an intentional ministry of presence</td>
<td>(Interview: Ridley)</td>
<td>II</td>
<td>I</td>
<td>T</td>
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Evidence Grading System

Quality of Evidence (QE):
- Level 1: Systematic review
- Level 2: Meta-analysis
- Level 3: Clinical trial
- Level 4: Retrospective cohort study
- Level 5: Cross-sectional study

Overall Quality (OQ):
- Quality of evidence (QE) x Impact of evidence (IE)

Next Steps: Evidence-based Care

- Need to teach research literacy skills in CPE residency programs
- Create research journal clubs in chaplaincy departments
- Demonstrate research literacy for chaplaincy certification

Next Steps:
Chaplain Education and Certification

<table>
<thead>
<tr>
<th>Any Research Education</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>CPE Centers</td>
</tr>
<tr>
<td>CPE Systems</td>
</tr>
<tr>
<td>All Programs</td>
</tr>
<tr>
<td>Margin of Error</td>
</tr>
</tbody>
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Fitchett et al, 2012
When it’s over, I want to say:
all my life I was a bride married to amazement.

from When Death Comes
by Mary Oliver